

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018453

1. Entity Name
EILEEN SPEAKEASY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90090 018 ***150.00

Principal Place of Business

802 S.W. BAYSHORE BLVD.
PORT ST LUCIE FL 34983

Mailing Address

802 S.W. BAYSHORE BLVD.
PORT ST LUCIE FL 34983-1823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0555820

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, EILEEN
1491 S.E. BERWICK COURT
PORT ST LUCIE FL 34952

8. The above named entity submits this statement

SIGNATURE _____
Signature, typed or printed name of registered agent

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

11. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CROWLEY, EILEEN**
STREET ADDRESS **1491 S.E. BERWICK COURT**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

TITLE _____
NAME _____
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CITY-ST-ZIP _____ ☐ Delete

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TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

CITY-ST-ZIP

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*New address of
current registered
agent -
EILEEN CROWLEY
265 S/W PANTHER TRACE
PT. ST. LUCIE, FLORIDA
34953*

Thank you, Eileen Crowley

7. Name and Address of New Registered Agent

Number is Not Acceptable)

FL

Zip Code

or both, in the State of Florida.

g) _____ DATE

Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (9/99)